V. S. No. 1

WRITE PL. LY, WE'H UNFADING INK-THIS IS A PERMANNER CORI N. B Every Item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.		CORI	rated EXAC roperly class certificate.
ż	MARGIN RESERVED FOR BINDING	WRITE PL. LY, W.H UNFADING INKTHIS IS A PERMANN	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classtatement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  County Helea Alline  Re of Chesh Hours	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 5-1
Village or City No. 2FULL NAME STORY	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of etreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single.  MARRIED. Nairwed  Wildowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH 1006
6 DATE OF BIRTH  April 24, 1878  (Month) (Dsy) (Yeer)	17 I HEREBY CERTIFY, That I attended the decessed from 1920 to 1921, 1921, thet I lest saw hall alive on 1921,
7 AGE  5 2 yrs.   D mos.   15 ds.   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	avelle mymuso
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER NOT PRINCE	(Signed) State of the Company of the
C State or country)  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tells about Goldshow  13 BIRTHPLACE OF MOTHER (State or Country)  Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At plece of deathyrsmosds.  Where was disease contracted,
(Informant) Sere Cot Now Knowledge	if not at place of death?  Former or usual residence
(Address) Chestering & G. E.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PICK Neck . Col. Com. Mar. 12, 193/20 UNDERTAKER ADDRESS
Filed Mas. 10 1981 W. A. F. Registrar	W. H. Good Church Hill
If more blanks are needed, address State Registres	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 1931 FATE V

1	PLACE OF DEATH	(13441	STATE OF	MARYLAND
1	Country/sum Um	(131)	CERTIFICATE	OF DEATH
			Registration	Dist. No. 350
V	Village or City Tensferell No.		St.: Ward	a nospital or institu-
	2FULL NAME Edna Caha	<u>O</u>	**************************************	tion, give its NAME is steed of street and number.)
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3	SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED Manual (Write the word)		March	(Day) (Year)
9	DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That   att	ended the deceased from
7	AGE    If LESS than   day hrs.   or min.	and that death eccurr	ed on the date stated	above, at 425 Am.
5	(a) Trade, profession or particular kind of work	Chini	Myreau	Chia
10	(b) General nature of industry business, or establishment in which employed or (employer)	***************************************	(Duratio Alsa)	yrs mos de.
11 -	BIRTHPLACE (State or country)	Contributory Secondary	Mr. Interestel	wastleftenber-
	10 NAME OF FATHER James Clough	(Signed)	(Address) Pro	M. D.
RENTS	OF FATHER (State or country)		ase Causing Death, e (1) Means of Ini	or, in deaths from ury and (2) Whether
PA	of Mother farme	18 LENGTH OF RESI	DENCE (For Hospit dents)	als, Institutions, Trans-
	OF MOTHER (State or country)	At place of deathyrsmo		yrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra if not at place of death? Former or		
	(Informant) Mr. Callall	usual residence	OR REMOVAL	DATE OF BURIAL
000	(Address) Jamflwill Md.	* Templevil	le mid	Mar 13, 181
15	Filed Mar 11 1981 fame of Knotto	* R. B. Row	lings	Breendons ms

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever. write None. tired 6 yrs... business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; i sary to know Housemaid, etc. If the occupation has been charged ployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolife engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foremon, For many occupations a single word or term on Form laborer. without more precise specification as .. Day very important, so that the relative health-For persons who have no occupation (b) Automobile factory. The material (a) the kiud of work and also (b) the Lohorer-Coal mine, etc. Womduties of the (b) engineer, Grocery, (re-

Strtement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal meningitis'; Diphtheria (avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Opermanently filed.

ered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

approved American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "(Iraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; If this certificate is looked over thoroughly and al questions "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, by or intercurrent) affection need "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory ," etc., when a definite disease Example: Measles (disease Measles; not be

V. S. No. 1

	PHYSI-
CORD	EXACTLY ly classification
ANG	d be stated y be proper ack of certi
IS A PERM	ACE shoul that It ma ctions on b
NKTHIS 1	y supplied.
ADING IN	be carefull EATH in pla Important.
TH UNE	on should USE OF DI ON is very
LALY,	finformation of state CA
WRITE PL. ILY, WITH UNFADING INK-THIS IS A PERMANNET CORD	N.SEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
T	N. BEV

	PLACE OF DEATH	03442	STATE OF N	MARYLAND
C	ounty Rusemanne 13	-4	CERTIFICATE	OF DEATH
			Registration I	Diet. No. 252
Ville	age or City Kusman (No.		St.:Ward)	tion, give its NAME in- stead of street and
	2FULL NAME Control of the State		••••••••••••••	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE C	F DEATH
3 51	MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Mon/3 (Month)	, 1923/ (Day) (Year)
6 D	(Month) (Day) (Year)	that I last saw h	193/. to 3 -	ended the deceased from 1922,
7 AC	38 yr. // mos. 3 ds.    If LESS than    day hrs. or min.?	and that death occurs	red on the date stated "H * was as follows:	above, atm.
(a	Trade, profession or Returned:		_13 (	,
bu	) General nature of industry siness, or establishment in hich employed or (employer)	Soul	(Duration)	yrsmosds.
-	(State or country) Baroline Co Ind	Contributory Secondary	Duration)	ds.
	10 NAME OF Joseph # Hunter	(Signed) 0 = 1, 3 = 1, 4 = 1, 3	(Address) Luce	M.D.
ENTS	OF FATHER (State or country) Caroline Loc Md	*State the I'll Violent Causes, st Accidental, Suicidal	lscase Causing Death, ate (1) Means of In or Homicidal.	or, in desths from jury and (2) Whether
PAR	OF MOTHER Sentrella Brush	18 LENGTH OF RE-	SIDENCE (For HospitesIdents)	tals, Institutions, Trans-
1	13 BIRTHPLACE OF MOTHER (State or Country) Caroline (5)	At place of death	racted.	eyrsds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.	Nf	
	(Address) Querannis Ma	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
15	Filed 3-14-1931 P.H.W. Callud	20 UNDERTAKER	V Skence	Carlow Ma
	lf more blanks are needed, addres State Registra	, 16 W. Saratoga St.,	Balto., Requesting V. S	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inamition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol interstitial nephritis, (name origin; "Cancer" is loss definite; avoid cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature The contributory "Dropsy,

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V. S. No. 1

PHYSI-

1	PLACE OF DEATH	03443 STATE OF MARYLAND
	County 2, a, Co.	CERTIFICATE OF DEATH
	fot	Registration Dist. No. 252
	Village or City Cubreville (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Mary Jane	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH MARAL 1- 1981
	Temale White OR DIVORCED (Write the word)	(Month) (Day) (Year)
	Feb. 5-, 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Morch 1 1981 to Morch 1 1981  that I last saw h T alive of Mrch 1 1983
	7 AGE (Montal) (Bay) (Tear)	and that death occurred on the date stated above, at 15.
	81 yra. 0 mos. 23 ds. l day hrs. or min.?	The CAUSE OF DEATH * was as follows: Pulmona Fularculoses
1	(a) Trade, profession or particular kind of work	T T
1	(b) General nature of industry	
9	business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
	FATHER Chas. Waley Greenle	(Signed) Duration) Jyrs mos ds.  (Signed) M. D.  3/3- 193/ (Address) Tacker le les
	of FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Name Clark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Make Man	ients or Recent Residents) At place In the of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Mrs. author Morris	Former or usual residence
	(Address) Centreville, Md	. Ooldaborn nes. Max. 4- 1931
	Filed 3-4- 1931 PHW. Edden	20 UNDERTAKER OF CORDINA CENTREMIL
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. T.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planter, or Al Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material Compositor, Architect, Stationary fireman, etc. But in Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." approved by Committee diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranue,
"Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state Means of Injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Chronic interstitial nephritis, (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor intercurrent) affection need not be Chronic on etc. The valvular heart disease; Nomenclature contributory Measles;

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state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Foreman, (b) Automo should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

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stated unless important. Example: Mcusles (disease as fracture of skull, and consequences e.g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Whooping cough; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(nume origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic etc. The contributory valendar heart Always qualify all not be disease; as

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired kibin definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill: (a) Salesman. (b) Greecery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Family freor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed laborer, Physician, Compositor. Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"; Lobar pneumonia, Branchopmeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc., "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (secondar/ or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, relative) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, uceident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknoss," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly "Inanition," "Marasmus," "Old Age, Whooping cough; pproved by Committee on Nomenclature Recommendations on statement of cause of merican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), Chronic etc. valrular heart Always qualify all The contributory "Shock;" disease; not be

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the ntalis essential and must be obtained before the certificate is ermanently filed.

BUR

PLACE OF DEATH	
County Lucew Clare	

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03446

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

Village or City (entreville(No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mary a. Ell	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March. 18—, 1997 (Month) (Day) (Year)
Sept. 1- 1850 (Nighth) (Day) (Year)	that I last saw her alive on March 17, 1920,
80 yrs. 7 mos. 7 ds.   If LESS than   dayhrs.   ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	mitral Requiredam & Branchitis  (Duration) yrs. mos. de.
BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER Saml Polerts	(Signed) J. J. (Address) Cantaville mel
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mrs. A ellie Pose	Former or usual residence
(Address) Centreville, Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3-2/-, 193/
Filed 3 - 20 - 1931 Poff. W. Eddin	20 UNDERTAKER 1711 Conding ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (0) whatever, write None. business, that fact may be indicated thus; Farmer | (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary firemon, etc. But iu many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, " etc., without more precise specification as Doy report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Locomotive engineer, material Grocery; Womthoth

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinul fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. "Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic Example: Measles (disease valvular heart discose; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252 Ward) (If death occurred in a hospital or institution, give its NAME i. stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH Merch 10 OR DIVORCED (Month) (Year) I HEREBY CERTIFY, That I attended the decessed from 6 DATE OF BIRTH (Year) that I last saw h \_\_\_\_alive on \_\_\_\_\_\_, 192\_\_\_\_\_, 7 AGE IIf LESS than and that death occurred on the date stated above, at ..... 1 day hrs. The CAUSE OF DEATH \* wes as follows: Premature built B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF OF FATHER RENT \*State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disesse contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not et place of dee.h?.... Former or uaual residence DATE OF BURIAL stravelle me If more banks are needed, address Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the For persons who have no occupation (a) the kind of work and also (b) the duties of the 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinu EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (discase etc. The contributory

answered in detail, it will prevent further correspondence. All t data, is essential and must be obtained before the certificate If this certificate is looked over thoroughly and all questions newered in detail, it will prevent further correspondence. All the

permanently filed

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	03448 STATE OF MARYLAND
County Luce Usu	CERTIFICATE OF DEATH
ne 0 - 1.	Registration Dist. No. 254
Village or City Culturelle (No	St.: Ward) (If death occurred in a hospit it or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Olor OR RACE 5 SINGLE, WARRIED, Wedowed WIDOWED. OR DIVORGED (Write the word)	March 18, 1981  (Month) (Day) (Year)
6 DATE OF BIRTH Oct. 12 1867	17 1 HEREBY CERTIFY, That Patended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on Much 17, 193,
73 yrs. 5 mos. 6 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in  which employed or (employer)	(Durstion) yrs, mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GEO. Hay de	(Signed) (Signed) M. D.
of Father	199 (Address) Milliams
Z (State or country) Luceu Cure	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Tilden	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John P. Handy	Former or usual residence
(Address) Centreville May W	Gouldlown Md. 3-20-, 1931
Filed 3 - 20 - 192, 1 Relea M. aldid	Toff. W. Eddins Centrenll
if more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. R

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (6) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The 6 materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart Example: Measles (disease affection need not be etc. The contributory disease;

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S No. 1 0

PLACE OF DEATH	03449 STATE OF MARYLAND
County Oullu Unne	CERTIFICATE OF DEATH
21	Registration Dist. No. 254
Village or City Masouville (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and
2FULL NAME. OUS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mar, 10, 1981
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 10, 1931	, 192, to, 192,
(Month) (Day) (Year)  7 AGE  Stell Low   If LESS than   I day	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) YES. Mos. de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Direction)  yrs. mos. ds.  (Signed)  M. D.  3 - 192 (Address Queen alan)
OF FATHER  (State or country) Church Kief Max  12 Malden Name  12 Malden Name  12 Malden Name  13 Malden Name  14 Malden Name  15 Malden Name  16 Malden Name  17 Malden Name  18 Malden Name  18 Malden Name  19 Malden Name  19 Malden Name  10 Malden Name  10 Malden Name  10 Malden Name  11 Malden Name  12 Malden Name  12 Malden Name  13 Malden Name  14 Malden Name  15 Malden Name  16 Malden Name  17 Malden Name  18 Malden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Cellia Ness  13 BIRTHPLACE OF MOTHER (State or Country) Lasouvelle Md,	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Grasouville Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mrs. 10 193 & Kelen M. Oldinda	20 UNDERTAKER Nave ADDRESS
	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

Strtement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same dise. So. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underapproved by Committee on Nomenclature of the Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Exact

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/	1PLACE OF DEATH County Trees True
Vil	llage or City(No
	2 FULL NAME Marilea Eleanor ).
	PERSONAL AND STATISTICAL PARTICULARS
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 (	Saft 27- 1930 (Month) (Day) (Year)
7 /	yrs. 5 mos. 26 ds. or min.?
() () () v	DIRTHPLACE
-	(State or country) Md.
PARENTS	10 NAME OF Perry Miller  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Fuicilla Tolunon

03450

108

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

2	a hospit I or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH March-25, 1931
	17 I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h & alive on March 24, 1923,
	and that death occurred on the date stated above, at
	Contributory Secondary  (Duration)yrsds.
	(Signed) W. Hay Fisher M. D. 3/26 1931 (Address) Suchearle Sant
	*State the Disease Causing Death, or, in deathe from Violent Causes, state (1) Meane of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs mos ds, State yrs ds, Where was disease contracted, if not at place of death?
-	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3-26, 198
۱	20 UNDERTAKER O ADDRESS .

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(State or Country)

13 BIRTHPLACE OF MOTHER

15

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an Civil engincer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servard, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease etc. The contributory affection valvular heart need Measles; not disease; etc. , 01

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; farmer (the to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Foreman, 07 For many occupations a yra). Farm laborer. At Home, and children, without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal mine, etc. single word or term on not gainfully em-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup") Tuphoid Josef (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. (Recommendations on statement of cause of approved by Committee on Nomenclature tetatius) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritohitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. (secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic etc. valvular heart disease; Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is thermanently filed.

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500	PLACE OF DEATH	STATE OF MARYLAND
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	County Quelly (1MIS)	
a.E.		CERTIFICATE OF DEATH
* 2	) . 10	Registration Dist No. 254
\1=	Village of City MA DALAMANIA	<b>,</b>
₹ 0 % 6	Village or City Y/COMUSIWILL (No.	St.: Ward) a hospit I or instit
O A 2 P	Pally de la	tions -i in DIABAU 1
M P	2FULL NAME (Rally CO. Lan	number.)
Led Ted	DESCRIPTION OF THE PROPERTY OF	
tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MATTILO	16 DATE OF DEATH
N N N N N N N N N N N N N N N N N N N	MIDOWED. OR DIVORCED	Marell 29, 192/
A A A See	(Write the word)	(Month) (Day) (Year)
BINDI PERM, chould it may	B DATE OF BIRTH	17 I HEREBY CERTIFY, That Pattended the deceased from
E H	2 horres and less 1 25 1071	Mel 15 30 Mucel 29.3
2014	9100011000 20 , 178/0	1 1000
TO A OH	(Month) (Day) (Year)	that I last saw h Malive on Jun To 1997
FC IS	7 AGE	and that death occurred cy the date stated above, at 10 30Pm
S IS	1 day hrs.	The CAUSE OF DEATH * was as follows:
H I I I I I I	yrs. 4 mos. 4 ds. or min.	0111111111
VE-TH-TH	8 OCCUPATION	19 Million Mulanemarket
E S.	(a) Trade, profession or Tarmer (a) Trade (b) Trade (c) Tarmer (c)	Jacourant Jacourant
S Z Z z	(b) General nature of industry	
S G C C C C C C C C C C C C C C C C C C	business, or establishment in	(Duration) yrs./Smosdi
_ Z = - E	which employed or (employer)	
E O OF B	9 BIRTHPLACE (State or country)	Contributory Secondary
ARG JNFA IId be	Maryland,	Duration 1 vv 1
E Z por	10 NAME OF CALLOD	( /1000 call (h/1/ . 11
2 - JT >	FATHER WILLIAM TOUR	(Signed) M. D.
I SO	1 BIRTHPLACE	
ON CON	OF FATHER	*State the Liscase Causing Death, or, in deaths from
N O N O		Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ATA ATA	OF MOTHER	
T F ou	a Multi Vac	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
o proposition of the proposition	OF MOTHER	At place In the
In In	(State or country)	of death yrs. mos. ds. State yrs. mos. de
PI PI	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
H of tof	1 1 10 10	Former or
WRIT y Iten y sh	(Informant) lohn B. Span 1	usual residence
VR	1000.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ANA	(Address) Divensiville Mo	Itevensillo MI al 1 3
WRITE Every Item CIANS sho statement	9/0 000	19 J
2 1	15 Filed 3 - 30 - 1923 1 Nelen M. aldredge	26 UNDERTAKER TI
of your co	Registrat	J. G. Inomas Stevenson
Z	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	N .	1 Da

(Approved hy U. S. Census and American Public Health Association.)

gaged in doncetic service for wages, as Servand, Cold, Homensial, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Spinner, Civil engineer, age....Fer many occupations a single word or term on tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc.. without more precise specification as Duy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer report specifically the occupations of persons of perso Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, rner, (b) Cotton mill; (a) Solesman. (b) Gracery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary freman, etc. But in many (a) the kind of work and also (b) the person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the IN-EASE CAUSING DEATH (the primary affection with espect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrophind fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> ankwered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. as fracture of skull, and consequences (e.g., sepens, American Medical Association.) approved by Committee on telegrue) may be stated under the head of "centributory." eatholic acid - probably suicide. The nature of the injury, stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poissoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicacinia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart discuse; Chronic interstitiat nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," Nomenclature Always qualify all not be

V. S. No. 1

nation should be parefully summiled. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
B Every item of information should be a	CIANS should state CAUSE OF DEAT	statement of OCCUPATION is very imp

PLACE OF DEATH auce	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 252
Village or City Starr (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
March 15 , 1853	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
7 AGE  18 yrs. mos. 10 ds. or min.?	and that death occurred on the date stated above, at 7 9 .m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Schematt  particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos. ds.
10 NAME OF FATHER SO TEXT KNAME OF FATHER OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)  (Address)
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  of death was most death of death was most death of death was most death of death was most death.
(State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
(Address) Courtieville, M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mul 26 1931
Filed Mar 26 1931 Marie & Bright Registrar	Darton 20 Sentre orele, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, address State Registrar	, 10 W. Saratoga St., Daito, Reddesting S. Mar

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as interstitial nephritis, cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), affection need not be etc. valvular heart Nomenclature Always qualify al The contributory " "Convulsions, Measles; disease; of the

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V. S. No. 1

1	03434
PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
V^ .	(183) Registration Dist. No. 253
1010016/	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu
(,	tion, give its NAME in stead of street and
2FULL NAME CHUCLE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED.	, 192
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Manowa 1	, 192, 192
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
dyrsds. ormin.?	
BOCCUPATION (a) Trade, profession or	( certeufal NTowniel)
particular kind of work and of work	
(b) General nature of industry	
business, or establishment in / which employed or (employer)	(Duration)yrs,mosda
O PIRTURI ACE	ContributorySecondary
(State or country)	Duration yrs
1 10 NAME OF	Marca Milas
FATHER Deorse strauscher	(Signed) M. D
11 BIRTHPLACE	Med 77 [192] (Address) 100 400 400
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T2 MAIDEN NAME S	Accidental, Suicidal or Homicidal.
of MOTHER Waler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place in the of deathyrsmosds. Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Work Seles	usual residence
(Address) Charles wed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	· Campbe a de ge Md Mar 2 193
15 May 22 13170, 7	20 UN DERTAKER OF ADDRESS
Filed Mar 22 192 J. D. Momas	Thatery Andreway Z24 Hoghest
If more bianks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No.
se more summer and mediate serves maliana	The state of the s

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. The n.ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart disease; The contributory Always qualify all Measles;

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked our thoroughly and all qu stions answered in detail, it will free the further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PLACE OF DEATH

03455 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 254

(If death occurred in a hospital or institu-tion, give its NAME In-stend of street and number.)

- 1	
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
	March , 1927
_	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
1	, 192, to, 192,
	that I last saw halive on, 192,
n	and that death occurred on the date stated above, at
s.	The CANSE OF DEATH * was as follows:
.?	applery Jast sell celita
5	All Pro 3/4/31. Body (my)
5	Can 3/ Fal Martin
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7/4/3/, (Duration)yrs
	Contributory Secondary
	(Duration)mosds.
	(Signed) Johnstrally Coroner M. D.
	Sauce I fuce coroners my news
	3/3 19D/ (Addréss) Centrelle
	State the Pis-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents)
١	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
	Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Trasoupull md 3-7-: 1531
0	20 UNDERTAKER ADDRESS
	1000 1 Centre Mutrewell you

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, Physician, Compositor, Architect, Locomotive engineer work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—out mire, ever the en at home, who are engaged in the duties of the whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal (fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need Whooping tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At achool or At home. Care should be taken w' a ever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing draffit Housemaid, etc. to report specifically the occ pations of persons en work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-(4) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc etc., 8 yrs.). For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation If the occupation has been changed The material

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epikemic cerebrospinal meningitis"); Diphtheria (avoid us. of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

1

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond

If this certificate is looked over thoroughly and all ques-

ence. All the data is essential and must be obtained before

ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) quences (c. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," "Annemia" (merely Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely taken. For violent deaths state means of injust "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart fallure," "Haemorvulsions." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Carcinoma, Sarconna, etc., of (Recommendations on state-Always qualify all The contributory "Coma," "Conby railroad Measles; (second-(disease

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cyoon and ann	CERTIFICATE OF DEATH
	Registration Dist. No. 25-/
Village or Che Church Kund	St.: Ward) (If death occurred in hospital or institu-
2 FULL NAME John Strung	Ulevrace stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Was of 16, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH  M  Jounth  (Day)  (Yes	that I last saw h has alive on March 8 1981.
7 AGE   IfLESS t	- 130
19 0 0 1 day	
OCCUPATION mos. 2 de. or m	und Care San De La Care de La Car
(a) Trade, profession or particular kind of work	Rent Torce
(b) General nature of industry	January Marie
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory Secondary
(State or country) America (	Duration) yrsmosds.
10 NAME OF FATHER WING THE PROPERTY THE PROP	(Signed) Tacel Shere M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of Mother Mangautta Hame	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents)  At place  At place  f deathyrsds.  In the Stateyrsds.
(State or Country)	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address) 2107 Gleman fre	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar. 12, 1931
Filed Mar 1/198/ 24 M. Registra	Wom H- Good Churches
If more branks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (testate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the observation of Cause of Death—Name, first, the observation of Cause of Death—Name, first, the observation of Cause of Ca

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Americau Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosynnal fever (the only definite synonym is "Epidemic cerebroseinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

(Recommendations on statement of cause of death approved by Committee on tetuhus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11 N. B.--Every item of information should be carefully supplied ACE should be so ed EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK---THIS IS A PERMANEN BINDING FOR MARGIN RESERVED Š WRITE PLA V. S. No. 1

PLACE OF DEATH	13459 STATE OF MARYLAND CERTIFICATE OF DEATH
County	95-6) Registration Dist. No. 25-5
Village or City Village (No.	St.: Ward) (If death occurred in a hospital or institution, give ita NAME instead of street and
2FULL NAME Relieb Oa	allernumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH Work 8, 1921
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	and that death occured on the date stated above, at 6
7 AGE   If LESS than   I day	The CAUSE OF DEATH * was as follows:
BIOCCUPATION (a) Trade, profession or Dyste Quele	Gordiae Bilatation
(b) General nature of industry business, or establishment in which employed or (employer)	(Duratiop) yrs mos ds.
9 BIRTHPLACE (State or country)  W. C.	Contributory Secondary Duration) yil mos. ds.
10 NAME OF LULCEUDEUR	(Signed) Oho (O Myll) M. D.  Marel 1931 (Address) Slenkwoulle
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Culture	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Oheste Well	Sleversville ma mini 19, 1931.
15 Filed May 18 1923/7, C. Thomas Registrar	Hough W. Lrgg Steomwolle Ind
If more blanks are needed, address State Registre	ar, 16 W. Saratora St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health. Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. As evamples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Housemuid, etc. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer At Home, and ehildren, without more precise specification as Day (b) For persons who have no oeeupation If the occupation has been changed Automobile factory. The -Coal mine, etc. Womnot gainfully emmaterial

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Caphroid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atie), "( Exhaustion, " "(Heart failure, " Haemoringe, " "Shock," "(Inanition, " "(Marasmus, " "Old Age, " "Shock," "
"Uraemia, " "Weakness," etc., when a definite disease diseases resulting from childbirth or misearriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (secondary or intercurrent) affection need not be (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc. of . . . . . . . (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the eause. Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), cough; Chronic "," "Coma," "Convulsions, etc. The contributory valvular Nomenclature of the Always qualify al heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 4the data is essential and must be obtained before the certificate is permanently filed.

1		PLACE OF DEATH			
		County Tween aune			
	Vil	lage or City No Centrevale			
		2 FULL NAME Setty anne			
		PERSONAL AND STATISTICAL PARTICULARS			
	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCES (Write the word)			
	6 (	DATE OF BIRTH			
		(Month) (Day)			
	7 4	2 yrs. 3 mos. 10 ds. or			
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)					
	9 6	(State or country)			
	NTS	10 NAME OF FATHER FRUIT. M. Sparks 11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER			
	PAREN	(State or country)  12 MAIDEN NAME Mugant & Javre			
		13 BIRTHPLACE OF MOTHER (State or country)			
(Informant) True TO THE BEST OF MY KNOW					
		(Address) Price, M.L.			
	15	Filed Mar 27 1981 Maryin & Br			

03460

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

St.:	Ward)	(If death a hospital tion, give i stead of number.)	or inst	titu-
***********				
CERTI	FICATE O	F DEATH		

MEDICAL CERTIF	ICATE OF DEATH
16 DATE OF DEATH Ma	rele: 25-, 1931
	nth) (Day) (Year)
17 N I HEREBY CERTIFY, T	hat I attended the deceased from
that I last saw h 4 alive on	mach 25- 198/
and that death occurred on the da	ite stated above, at 5 37 n
The CAUSE OF DEATH * was as fo	ollows:
acute Corde	ic distatetion
(Durati	ion) yıs. mos d
Contributory	
(Signed) (Durst	(ion) yrs mos d
*State the Disease Causing Violent Causes, state (1) Mear Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (Fo	
18 LENGTH OF RESIDENCE (Fo	
18 LENGTH OF RESIDENCE (Fo	or Hospitals, Institutions, Tran
18 LENGTH OF RESIDENCE (Foients or Recent Residents)  At place of deathyrsds.  Where was disease contracted,	or Hospitals, Institutions, Tran
18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.	In the State yrs mos date Of Burial
18 LENGTH OF RESIDENCE (Foresteen tendence)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence	In the State yrs mos date Of Burial

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If LESS than

or min.?

my.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) without more precise specification as Lay Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, Locomotive engineer, not gainfully em-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaennia," "PUERPERAL peritonitis, stated unless important American Medical Association. approved by Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial Whooping use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Nomenclature nephritis, Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. valvular heart Always qualify all The contributory Measles; not be disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2153

(If death occurred in Ward) a hospital cr institution, give Its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month)--(Day) WHEREBY CERTIFY, That I attended the deceased from and that death occured on the date stated above, at\_\_\_\_\_ The CAUSE OF DEATH \* was as follows: (Duration) .....

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g.. Farmer or Planter, business, that fact may he indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealwhatever, write Nonc. Housemaid, etc. et ... Foreman, For many occupations a single word or term on Farm laborer, yn's). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile If the occupation has been changed Laborer-Coal mine, etc. factory. The material Locomotive engincer, Wom-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospin I meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"?

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentstanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY approved by American Medical Association.) Never report mere symptoms or terminal condicough; Committee on Chronic etc. affection need not be valundar Nomenclature of the The contributory Always qualify all heart Mensles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe dark is essential and must be obtained before the certificate is permanently filed.

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(If death occurred in

a hospital or institution, give its NAME it stead of street and

(Day) (Year)....

number.)

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octircd 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved carholic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from cbildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart\_failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary by Committee on Nomenclature cough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Measles;

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(If death occurred in

a hospital or institution, give its NAME is stead of street and number.)

ADDRESS

BINDIN

RESERVED

MARGIN

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er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The questired 6 yrs). definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6) Grocery;

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BURFpermanently fled.

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PLACE OF DEATH County Live and County	STATE OF MARYLAND CERTIFICATE OF DEATH
m. 0 4	Registration Dist. No. 252
Village or City entreville (No. 2FULL NAME Minnie 7	St.: Ward)  (If d-ath occurred in a hospit d or institution, give its NAME in stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Markie WIDOWED (Write the word)	d 16 DATE OF DEATH March 29-, 1931  (Month) (Day) (Year)
6 DATE OF BIRTH  May 7-, 14  (Month) (Day) (Ye	I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS   I day	hrs. The CAUSE OF DEATH * was as fillows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Queen anne Co	Contributory Secondary , , , , , , , , , , , , , , , , , , ,
10 NAME OF John C. F. Taylore	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Carrie, Bendon  13 BIRTHPLACE OF MOTHER (State or Country) Sueln Anne Co	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Wm. B. Yates	if not at place of dea.h?
(Address) Centreville, P.J.	Ox entreville 3-31; 1931
Filed 3-30 1981 Post W. Gade	20 UNDERTAKER + W. Eadins Centrenly
If more bianks are needed, address State Reg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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